



Alternative Service Concepts

Loyalty • Integrity • Flexibility • Expertise

First Fill Program

Form 202



PMOA
THE CIRCLE OF CARE

EMPLOYER INSTRUCTIONS:

- SUBMISSION OF THIS FORM ACKNOWLEDGES THAT THE REPORT OF INJURY HAS BEEN FILED WITH ASC
- USING THE EXAMPLE BELOW COMPLETE THE TEMPORARY CARD ID

EMPLOYEE INSTRUCTIONS:

- FOR TEMPORARY ENROLLMENT PURPOSES ONLY, THIS FORM MUST BE PRESENTED TO YOUR LOCAL IN-NETWORK PHARMACY TO OBTAIN YOUR INITIAL PRESCRIPTION
- FOR QUESTIONS REGARDING YOUR IOD PRESCRIPTION DRUG PLAN, CONTACT PMOA'S CUSTOMER SERVICE DEPARTMENT AT **1-800-661-1494**
- PLEASE NOTE: YOU MAY RECEIVE A PERMANENT IOD PRESCRIPTION ID CARD IN THE MAIL FOR YOUR INJURY

PHARMACY INSTRUCTIONS:

- USE THE INFORMATION BELOW TO PROCESS THE INITIAL PRESCRIPTION(S)
- **CONTACT 1-800-661-1494** FOR ANY PRIOR AUTHORIZATIONS OR TO OBTAIN THE PERMANENT MEMBER/GROUP ID FOR FUTURE FILLS

Temporary Prescription Card
For PRE-AUTH Assistance call: 800-661-1494

Employer: _____

Name: _____

Date of Injury: _____

ID: _____

ASC25 + LAST 4 SSN+ Date of injury (MMDDYY)
(ID Example: ASC256789101411)

PLAN limit: Max Day Supply 14
Max \$\$ Amount \$150.00

BIN: 004410 PCN: SCI GROUP: ASC25A

Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/ service request is in no way intended as an endorsement, nor is it intended to interfere with the provider from the duties to adhere to any applicable practice standards.

If you need assistance, please contact the PMOA help desk at: (800) 661-1494